

Patient Name : Mr.M BHUJANGA	Collected : 13/Jan/2024 10:58AM
Age/Gender : 57 Y 10 M 8 D/M	Received : 13/Jan/2024 02:52PM
UHID/MR No : CBEL.0000243945	Reported : 13/Jan/2024 04:53PM
Visit ID : CBELOPV458294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153919	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	47.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.93	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96.8	fL	83-101	Calculated
MCH	32.7	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,860	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	51.6	%	40-80	Electrical Impedance
LYMPHOCYTES	35.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	8.9	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3023.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2103.74	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	158.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	521.54	Cells/cu.mm	200-1000	Calculated
BASOPHILS	52.74	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



Dr. Shobha Emmanuel
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: BED240009813

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Apollo Health and Lifestyle Limited (CIN - U55170TG2000PLC15819)
Regd. Office: T-7D-90/62, Ashoka Nigrahapathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Pincode - 626 014

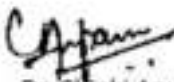
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	140	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC




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SIN No:EDT240004206

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ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL	Calculated
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Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	144	mg/dL	<130	Calculated
LDL CHOLESTEROL	125.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.44		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.




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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.




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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.86	mg/dL	0.67-1.17	Jaffe's, Method
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.43	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.52	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)




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Telangana: Hyderabad (KJ Red Nagar | Chanda Nagar | Bandipur | Hallakunta | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag Coorathamma Petal | Karnataka: Bangalore (Banavarsipudi | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kumbalangi | Kuvempu) | Kerala: Mysore (VV Mohan) | Tamil Nadu: Chennai (Annamalai | Kotturupalli | Mispappan | T Nagar | Velamangalam) | West Bengal: Bahadurpura (Park) | Andhra: Nellore (Pradhikaran) | Women Nagar | Ramavaram | Uttar Pradesh: Ghaziabad (Indraprasth Gopur) | Ahmedabad (Sanjiv) | Punjab: Amritsar (Court Road) | Haryana: Faridkot (Railway Station Road)

Address:
27/206/121, Duddahangur Village, Medikal Main Road,
Neredi Nagar, Electronic city, Bangalore,
Karnataka - 560014

1860 500 7788
www.apolloclinic.com

Patient Name : Mr.M BHUJANGA	Collected : 13/Jan/2024 10:57AM
Age/Gender : 57 Y 10 M 8 D/M	Received : 13/Jan/2024 02:49PM
UHID/MR No : CBEL.0000243945	Reported : 13/Jan/2024 03:21PM
Visit ID : CBELOPV458294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153919	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<55	IFCC




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04600364

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

Apollo Health and Lifestyle Limited (CIN - U55170TG2000PLC15819)
Regd. Office: T-7D-90/63, Ashoka Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
www.apollohlm.com | Email ID: enquiry@apollohlm.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK

Telangana: Hyderabad (KJ Red Nagar | Chanda Nagar | Bandipur | Hallakunta | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag Coalthanna Petal | Karnataka: Bangalore (Banavarsipudi | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kumbalhari | Kisanpally | Lalapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annamalai | Kotturupalli | Mispappan | T Nagar | Velazhansalkan) | West Bengal: Kolkata (Pase) | Kerala: Kochi (Nigali Puthikkari) | Women Nagar | Bangalore | Uttar Pradesh: Ghaziabad (Indraprasth Gopur) | Ahmedabad (Sanjiv) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
22/706/121, Duddahangur Village, Mettupalai Main Road,
Mettupalai Nagar, Electronic city, Bangalore,
Karnataka - 560014

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mr.M BHUJANGA	Collected : 13/Jan/2024 10:58AM
Age/Gender : 57 Y 10 M 8 D/M	Received : 13/Jan/2024 02:47PM
UHID/MR No : CBEL.0000243945	Reported : 13/Jan/2024 05:15PM
Visit ID : CBEL0PV458294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153919	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.28	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.58	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	5.020	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24006575

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC15819)
Regd. Office: T-7D-90/62, Adhika Nigrahapatti Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
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APOLLO CLINICS NETWORK

Telangana: Hyderabad | UK Raj Nagar | Chanda Nagar | Gandapur | Hallakurta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag Coorathanna Petal Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Hosur Town | HSR Layout | Indira Nagar | JP Nagar | Kumbhghalli | Kuvempore | Lal Bahadur Shastri Nagar | Mysore | YV Mohalla Tamil Nadu: Chennai | Annanagar | Kotturupalli | Madhavaram | T Nagar | Velamchiyalam | West Chembay | Maharashtra: Pune (Aundh) | Nagli Pradhikaran | Wanan Nagar | Ramnagar | Uttar Pradesh: Ghaziabad (Indraprastha Gurgaon) | Ahmedabad (Sanjivni) | Punjab: Amritsar (Court Road) | Haryana: Faridkot (Railway Station Road)

Address:
27/206/121, Duddahangur Village, New Delhi Main Road,
New Delhi Nagar, Electronic city, Bangalore,
Karnataka - 560014

1860 500 7788
www.apolloclinic.com

Patient Name : Mr.M BHUJANGA	Collected : 13/Jan/2024 10:58AM
Age/Gender : 57 Y 10 M 8 D/M	Received : 13/Jan/2024 02:47PM
UHID/MR No : CBEL.0000243945	Reported : 13/Jan/2024 05:15PM
Visit ID : CBEL0PV458294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153919	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24006575

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
 Regd. Office: T-7D-00/03, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
 www.apolloh.com | Email ID: enquiry@apolloh.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK

Telangana: Hyderabad (KJ Red Nagar) | Chanda Nagar | Gandapur | Hallakunta | Nizampet | Marikonda | Uppal | **Andhra Pradesh: Vizag** Coorthisanna Petal **Karnataka: Bangalore** (Banavarsiguda) | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kumbalhari | Kuvempu | Lal Bahadur Shastri Nagar | Mysore (VV Mohalla) **Tamil Nadu: Chennai** | Annanagar | Kotturupalli | Madhavai | T Nagar | Velamanchikun | **West Bengal: Kolkata** | **Maharashtra: Pune** (Aundh) | Nagli Pradhikaran | Viman Nagar | **Rajasthan: Jaipur** (Sanganer) | **Gujarat: Ahmedabad** (Sanitex) **Parbhani: Amritsar** (Court Road) **Haryana: Faridkot** (Railway Station Road)

Address:
 22/206/121, Duddahangur Village, Marolli Main Road,
 Marolli Nagar, Electronic city, Bangalore,
 Karnataka - 560014

 **1860 500 7788**
 www.apolloclinic.com

Patient Name : Mr.M BHUJANGA	Collected : 13/Jan/2024 10:58AM
Age/Gender : 57 Y 10 M 8 D/M	Received : 13/Jan/2024 02:47PM
UHID/MR No : CBEL.0000243945	Reported : 13/Jan/2024 05:15PM
Visit ID : CBEL0PV458294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153919	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.355	ng/mL	<4	CMIA




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24006575

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

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Regd. Office: T-7D-00/03, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
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APOLLO CLINICS NETWORK

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Address:
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Karnataka - 560014

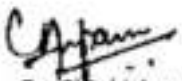
 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mr.M BHUJANGA	Collected : 13/Jan/2024 10:58AM
Age/Gender : 57 Y 10 M 8 D/M	Received : 13/Jan/2024 04:02PM
UHID/MR No : CBEL.0000243945	Reported : 13/Jan/2024 04:48PM
Visit ID : CBELOPV458294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153919	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Chinki Anupam
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



Dr. Shobha Emmanuel
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:UR2262487

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC15819)
Regd. Office: T-7D-90/63, Ashoka Nigrahapathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
www.apollohlm.com | Email ID: enquiry@apollohlm.com, Ph. No: 040-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK

Telangana: Hyderabad | UK Raj Nagar | Chanda Nagar | Gandapur | Hallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag Cochinamma Petal Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Kisanpalya | Sai Baba Road Mysore: VV Mohalla Tamil Nadu: Chennai | Annanagar | Kotturupalli | Madhavai | T Nagar | Velamanchikun | Wilcochery Maharashtra: Pune (Aundh) | Nagli Pradhikaran | Viman Nagar | Wankesari Uttar Pradesh: Ghaziabad (Indraprasth Gajpur) Ahmedabad (Sanjivni) Parbhani: Amritsar (Court Road) Haranya: Faridabad (Railway Station Road)

Address:
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Karnataka - 560014

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www.apolloclinic.com

Patient Name : Mr.M BHUJANGA	Collected : 13/Jan/2024 10:58AM
Age/Gender : 57 Y 10 M 8 D/M	Received : 13/Jan/2024 04:02PM
UHID/MR No : CBEL.0000243945	Reported : 13/Jan/2024 04:42PM
Visit ID : CBELOPV458294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153919	

DEPARTMENT OF CLINICAL PATHOLOGY

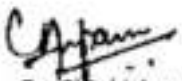
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr. Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF010209

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: T-7D-90/63, Ashoka Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph. No: 040-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK

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Address:
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Marolli Nagar, Electronic city, Bangalore,
Karnataka - 560014

 **1860 500 7788**
www.apolloclinic.com



Patient Name	: Mr. M BHUJANGA	Age/Gender	: 57 Y/M
UHID/MR No.	: CBEL.0000243945	OP Visit No	: CBELOPV458294
Sample Collected on	:	Reported on	: 13-01-2024 19:14
LRN#	: RAD2207881	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 153919		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION: No obvious gross abnormality seen in the X- ray

DR. RAMESH . G
CONSULTANT RADIOLOGIST

ULTRASOUND - WHOLE ABDOMEN

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture mildly increased. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

GALL BLADDER :Minimally distended.

PANCREAS : Obscured by bowel gas.However the visualised parts of the pancreas appear grossly normal.Para – aortic area could not be seen due to bowel gas.

SPLEEN : Normal in size and echotexture. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 8.8 X 4.3 cms, LEFT KIDNEY : 10.5X 5.2 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture.

No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Moderately distended. No intraluminal calculi/mass lesion seen.

PROSTATE : Normal in size & echotexture.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : Grade I fatty Liver .



Patient Name : Mr. M BHUJANGA

Age/Gender : 57 Y/M

CONSULTANT RADIOLOGIST

DR. RAMESH .G

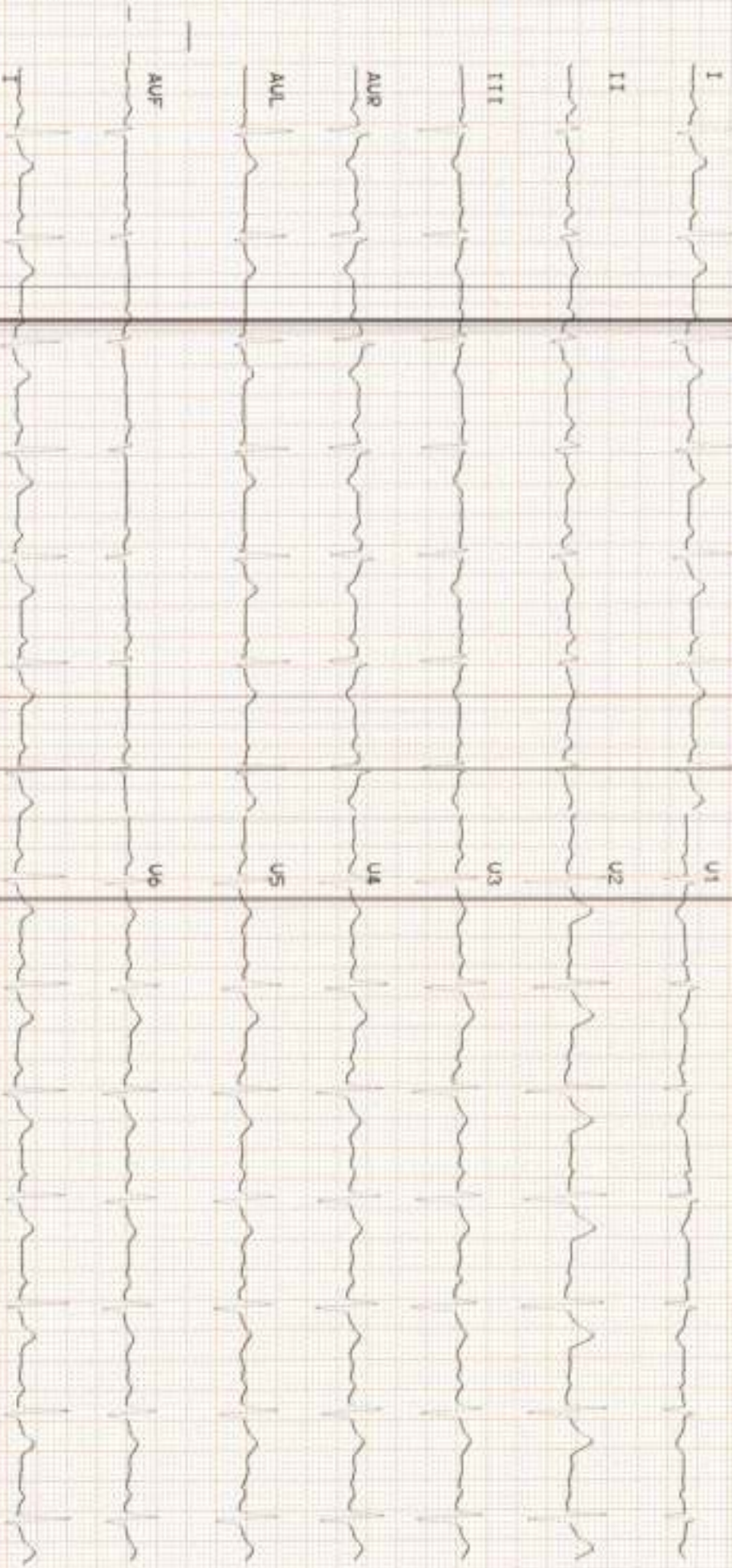
Dr. RAMESH G
MBBS DMRD
RADIOLOGY

GE MAC1200 ST M BHUJANGA, 000243945,
57 Years (03.05.1966)

Measurement Results:
QRS : 102 ms
QT/QTcB : 362 / 430 ms
PR : 156 ms
P : 116 ms
RR/pp : 710 / 710 ms
P/QRS/T : 35 / -20 / 5 degrees
QTd/QTcBd : 18 / 21 ms
Sokolow NK : 12




Interpretation
QRS - high take
minor left axis deviation
probably complete RBBB
S waves up to V2



Unconfirmed report.

49

Name : Mr. M BHUJANGA	Age: 57 Y	UHID:CBEL.0000243945
	Sex: M	
Address : BELLANDUR		OP Number:CBEL0PV458294
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN		Bill No :CBEL-OCR-125578
INDIA OP AGREEMENT		Date : 13.01.2024 10:15

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA ✓	
17	ENT CONSULTATION	
18	CARDIAC STRESS TEST(TMT) - (6)	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

DOB - 05/05/1956.
 BP - 133/93
 P - 90
 HT - 164
 WT - 78.9
 BMI - 29.3

Ind BP ⇒ $\frac{154}{93}$

NAME : MR.M BHUJANGA

AGE: 57 YRS

SEX : MALE

DATE : 13.01.2024

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture mildly increased. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

GALL BLADDER : Minimally distended.

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PROSTATE : Normal in size & echotexture.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : Grade I fatty Liver .



DR. RAMESH .G
CONSULTANT RADIOLOGIST

(The sonography finding should always be considered in correlation with the clinical and other investigation findings applicable). It is only a professional opinion . Not valid for medico-legal purpose) higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

GE MAC1200 ST M BHUJANGA, 000243945,
57 Years (03.05.1966)

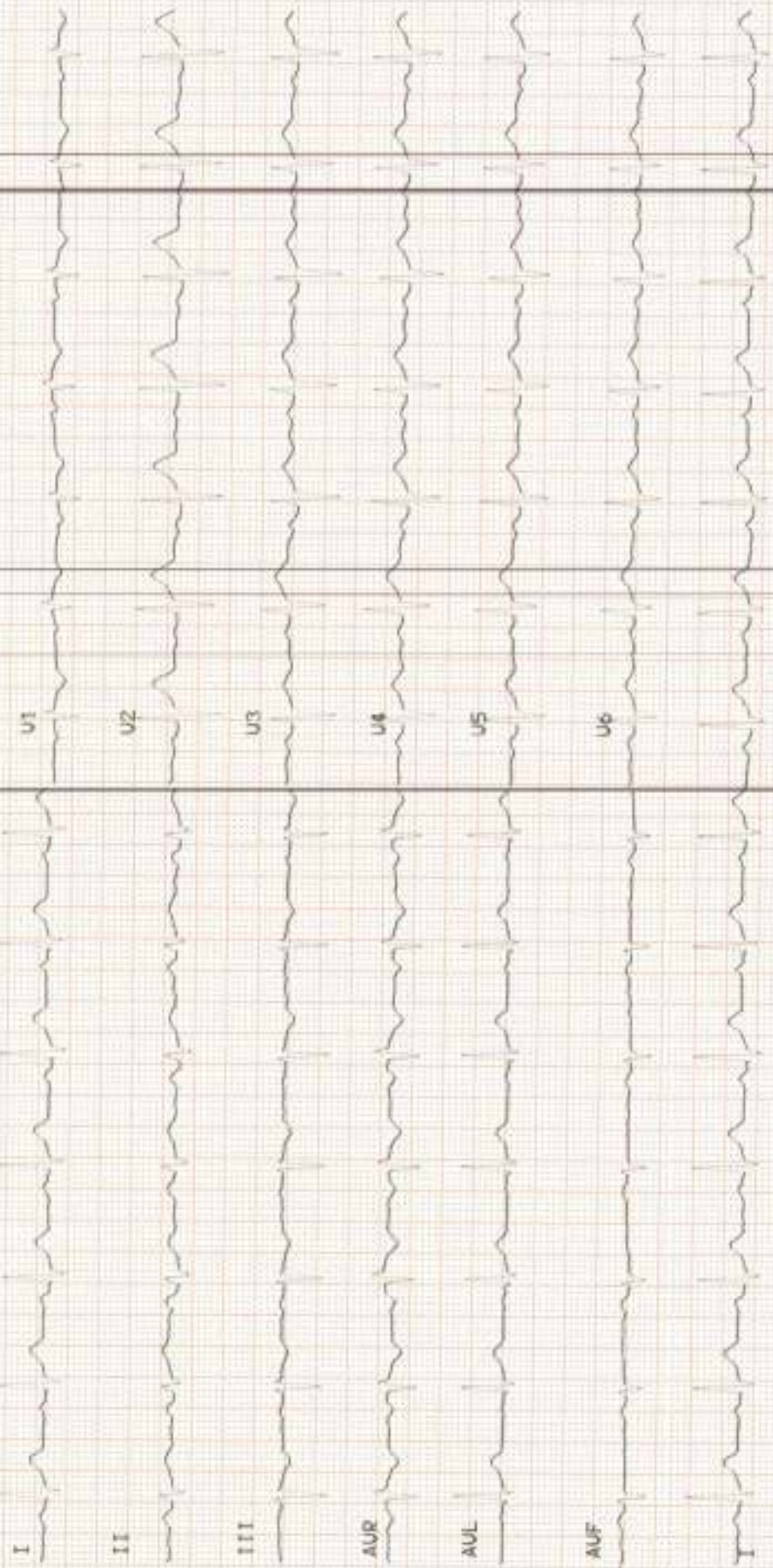
HR 84 bpm

Measurement Results:
 ORS 102 ms
 QT/QTcB 362 / 430 ms
 PR 156 ms
 P 116 ms
 RR/PP 710 / 710 ms
 P/QRS/T 35 / -20 / 5 degrees
 QTd/QTcBd: 18 / 21 ms
 Sokolow NK
 mV 12



Interpretation:
 Sinus bradycardia
 minor left axis deviation
 Incomplete RBBB
 F waves up to U₆

Unconfirmed report.



NAME : Mr.M Bhujanga

AGE : 57 YRS

SEX : MALE

DATE : 13.01.2024

Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION: No obvious gross abnormality seen in the X- ray



DR. RAMESH . G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, depending on the condition of the patient ,if clinically needed.

Apollo Clinic

Consent Form

Patient Name: M. BHUJANGA SHETTY Age: 57

UHID Number: Company Name: B.O.B.

I Mr/Mrs/Ms. M. BHUJANGA SHETTY Employee of B.O.B.

(Company) want to inform you that I am not interested in getting Optical Screening
Test done which is a part of routine health check package. Fitness by General Physician

And I claim the above statement in my full consciousness.

M. B. Shetty

Ms. Bhujanga
57y IM

9353788049

13.01.24

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

GC

O/E
* Ca++

Health check

* Gingival Recession
* DC $\frac{②}{63} | \frac{③5}{}$ * missing $\frac{1}{6}$

M/H.

* GD $\frac{54}{}$ * cervical Abrasion

NRH

* Ps $\frac{1}{7}$

D/H

Lo plan

NRH.

* Adv Ret $\frac{3}{3}$

* fillings $\frac{5}{63}$

* Scaling

* X⁴ wt $\frac{1}{②}$

* Crown wt $\frac{54}{}$

Follow up date:

Dr. Ambes
Doctor Signature

APOLLO CLINIC
BELLANDUR
PLEASE FOLLOW UP WITH SAME DOCTOR
FREE WITH IN 7 DAYS.

Bhuvanaga | 5th/1 .

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No specific complaints
same for regular dialysis

P/E

Gen! (R) - NAD
(L) - NAD

Neck! Bk 144

oral cavity - NAD.

clinically ENT NAD & present
SL

Follow up date:

Doctor Signature



SIN 4338

Patient Name	Mr M BHUJANGA	Collected	13/Jan/2024 10:58AM
Age/Gender	57 Y 10 M 5 D/M	Received	13/Jan/2024 02:52PM
UHID/MR No	CBEL 0000243945	Reported	13/Jan/2024 04:53PM
Visit ID	CBELOPV45B294	Status	Final Report
Ref Doctor	Dv.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	153919		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	47.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.93	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96.8	fL	83-101	Calculated
MCH	32.7	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R-D-W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,860	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.6	%	40-80	Electrical Impedance
LYMPHOCYTES	35.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	8.9	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3023.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2103.74	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	158.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	521.54	Cells/cu.mm	200-1000	Calculated
BASOPHILS	52.74	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westgren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

Page 1 of 16



Dr. Shobha Emmanuel
M.B.B.S., M.D. (Pathology)
Consultant Pathologist

SIN No:BED240009813



800-0140

Patient Name	: Mr M BHUJANGA	Collected	: 13/Jan/2024 10:58AM
Age/Gender	: 57 Y 10 M B D/M	Received	: 13/Jan/2024 02:52PM
UHID/MR No	: CBEL 0000243945	Reported	: 13/Jan/2024 04:53PM
Visit ID	: CBELOPV458294	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 153819		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Dr. Shodha Emmanuel
M.B.B.S.M.D(Pathology)
Consultant Pathologist





Patient Name	: Mr.M BHUJANGA	Collected	: 13/Jan/2024 10:58AM
Age/Gender	: 57 Y 10 M 8 DM	Received	: 13/Jan/2024 02:52PM
UHID/MR No	: CBEL 0000243945	Reported	: 13/Jan/2024 05:55PM
Visit ID	: CBELOPV458294	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 153219		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Dr. Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist





Patient Name	Mr.M BHUJANGA	Collected	13/Jan/2024 10:58AM
Age/Gender	57 Y 10 M 8 DIM	Received	13/Jan/2024 03:20PM
UHID/MR No	CBEL 0000243945	Reported	13/Jan/2024 03:52PM
Visit ID	CBELOPV458294	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	153919		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

- Note:**
- The diagnosis of Diabetes requires a fasting plasma glucose of \geq or \sim 126 mg/dL and/or a random / 2 hr post glucose value of \geq or \sim 200 mg/dL on at least 2 occasions
 - Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	140	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC



DR. SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No: EDT240004206



MC 4746

Patient Name	Mr M BHUJANGA	Collected	13/Jan/2024 10:58AM
Age/Gender	57 Y 10 M 8 D/M	Received	13/Jan/2024 03:20PM
UHID/MR No	CBEL 0000243945	Reported	13/Jan/2024 03:52PM
Visit ID	CBELOPV458294	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TRA ID	153919		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG) 114 mg/dL Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 - 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 - 7
FAIR TO GOOD CONTROL	7 - 8
UNSATISFACTORY CONTROL	8 - 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control.

A. HbF -25%

B. Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR. SHIVARAMA SHETTY
M.B.B.S, M.D.(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240004206



Patient Name : Mr M BHUJANGA
Age/Gender : 57 Y 10 M 8 D/M
UHID/MR No : CBEL 0000243945
Visit ID : CBELOPV458294
Ref Doctor : Dr SELF
Emp/Auth/TPA ID : 153919

Collected : 13/Jan/2024 10:57AM
Received : 13/Jan/2024 02:49PM
Reported : 13/Jan/2024 03:34PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-80	Enzymatic Inhibition
NON-HDL CHOLESTEROL	144	mg/dL	<130	Calculated
LDL CHOLESTEROL	125.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.44		0-4.97	Calculated


Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130 Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL, Cholesterol Non-HDL, Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.




DR. SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No:SE04600364



Patient Name : Mr.M BHUJANGA
Age/Gender : 57 Y 10 M 8 D/M
UHID/MR No : CBEL.0000243945
Visit ID : CBELOPV458294
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 153919

Collected : 13/Jan/2024 10:57AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

DR. SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04600164





Patient Name : Mr. M BHUJANGA
 Age/Gender : 57 Y 10 M 8 DM
 UHID/MR No : CBEL 0000243945
 Visit ID : CBEL0PV458294
 Ref Doctor : Dr SELF
 Emp/Auth/TRA ID : 153919

Collected : 13/Jan/2024 10:57AM
 Received : 13/Jan/2024 02:49PM
 Reported : 13/Jan/2024 03:34PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.72	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	83.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, e.g., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST - Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT - Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) - In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP - Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:



Shetty

DR. SHIVARAJA SHETTY
 M.B.B.S, M.D (Biochemistry)
 CONSULTANT BIOCHEMIST



Patient Name	: Mr.M BHUJANGA	Collected	: 13/Jan/2024 10:57AM
Age/Gender	: 57 Y 10 M 8 D/M	Received	: 13/Jan/2024 02:49PM
UHID/MR No	: CBEL 0000243945	Reported	: 13/Jan/2024 03:34PM
Visit ID	: CBELOPV456294	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TRA ID	: 153919		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

DR.SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SED4600364





Patient Name	: Mr M BHUJANGA	Collected	: 13/Jan/2024 10:57AM
Age/Gender	: 57 Y 10 M 8 D/M	Received	: 13/Jan/2024 02:49PM
UHID/MR No	: CBEL 0000243945	Reported	: 13/Jan/2024 03:34PM
Visit ID	: CBELOPV456294	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 153919		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.86	mg/dL	0.67-1.17	Jaffe's, Method
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.43	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.52	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)

DR. SHIVARAJA SHETTY
M.B.B.S. M.D.(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04600364





Patient Name	Mr.M BHUJANGA	Collected	13/Jan/2024 10:57AM
Age/Gender	57 Y 10 M 8 D/M	Received	13/Jan/2024 02:49PM
UHID/MR No	CBEL 0000243945	Reported	13/Jan/2024 03:21PM
Visit ID	CBEL0PV458294	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	153919		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<55	IFCC



DR. SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No:SE04600364



Patient Name	Mr.M BHUJANGA	Collected	13/Jan/2024 10:58AM
Age/Gender	57 Y 10 M 8 D/M	Received	13/Jan/2024 02:47PM
UHID/IMR No	CBEL 0000243945	Reported	13/Jan/2024 05:15PM
Visit ID	CBELOPV458294	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TRA ID	153919		

DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.28	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.58	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	5.020	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug-effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non Thyroidal causes
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma



Shetty
DR SHIVARAJA SHETTY
 M.B.B.S.,M.D(Biochemistry)
 CONSULTANT BIOCHEMIST
 SIN No:SPL24006575



Patient Name	: Mr.M BHUJANGA	Collected	: 13/Jan/2024 10:58AM
Age/Gender	: 57 Y 10 M 8 D/M	Received	: 13/Jan/2024 02:47PM
UHID/MR No	: CBEL.0000243945	Reported	: 13/Jan/2024 05:15PM
Visit ID	: CBELOPV458284	Status	: Final Report
Ref Doctor	: Dr-SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TRA ID	: 153819		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324



DR. SHIVARAJA SHETTY
M.B.B.S., M.D (Biochemistry)
CONSULTANT BIOCHEMIST
SIN No: SPL24006575



MC-0140

Patient Name	: Mr.M BHUJANGA	Collected	: 13/Jan/2024 10:58AM
Age/Gender	: 57 Y 10 M 8 D/M	Received	: 13/Jan/2024 02:47PM
LHID/MR No	: CBEL.0000243945	Reported	: 13/Jan/2024 05:15PM
Visit ID	: CBEL0PV458294	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TRA ID	: 153919		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (TPSA) , SERUM	0.355	ng/mL	<4	CMIA



Shetty

DR. SHIVARAJA SHETTY
M.B.B.S., M.D (Biochemistry)
CONSULTANT BIOCHEMIST
SEN No: SPL24006575



Patient Name	Mr.M BHUJANGA	Collected	13/Jan/2024 10:58AM
Age/Gender	57 Y 10 M 8 D/M	Received	13/Jan/2024 04:02PM
UHID/MR No	CBEL 0000243945	Reported	13/Jan/2024 04:48PM
Visit ID	CBELOPV458294	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TRA ID	153919		

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

C. Anupam
 Dr. Chinki Anupam
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist

Shobha
 Dr. Shobha Emmanuel
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist





Patient Name	: Mr M BHUJANGA	Collected	: 13/Jan/2024 10:58AM
Age/Gender	: 57 Y 10 M 8 D/M	Received	: 13/Jan/2024 04:02PM
UHID/MR No	: CBEL 0000243945	Reported	: 13/Jan/2024 04:42PM
Visit ID	: CBEL0PV456294	Status	: Final Report
Ref Doctor	: Dr-SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Aum/TPA ID	: 153919		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Dr. Chinki Anupam
M.B.B.S., M.D.(Pathology)
Consultant Pathologist

Dr. Shobha Emmanuel
M.B.B.S., M.D.(Pathology)
Consultant Pathologist



M BHUJANGA
ID: 000243945
13-Jan-2024
14:26:31

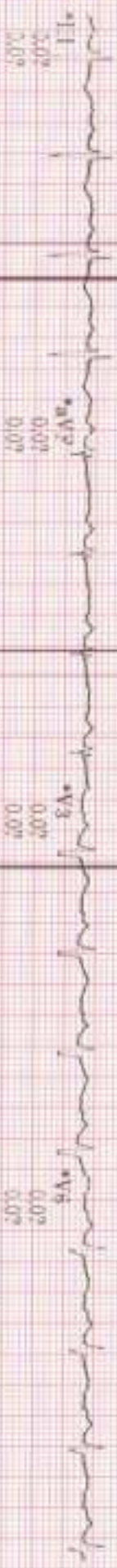
93bpm
Bp: 130/80

PRETEST
SUPINE
0:19

BRUCE
** 5mph
** 5%

ST @ 10mm/mV
80ms postd

Lead
ST (mm)
Slope (mV/60)



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S: 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009C

M BHUJANGA
ID: 000243945

13-Jan-2024
14:26:45

96bpm

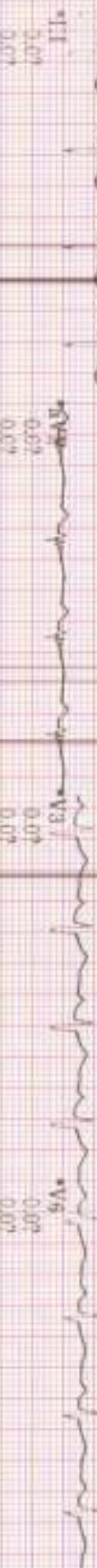
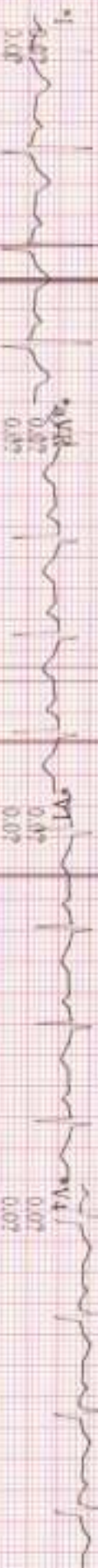
BP: 130/80

PRETERT
STANDING
0.82

BRUCE
** *mph
** *%g

ST @ 10mm/mV
80ms postal

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

30 Hz 25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

MAC35 009C

II

M. BHUVANGA
ID: 000243945

13-Jan-2024
14:26:59

97 bpm

BP: 130/80

PRETEST
HYPERVENT

0.46

BRUCE

** *mph

** *%

ST @ 10mm/mV
80ms/poleJ

Lead
ST (mm)
Slope (mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A. H. S. 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009C II

M. BELLANCA
ID: 000243945

13-Jan-2024
14:30:47

LINKED MEDIANS REPORT

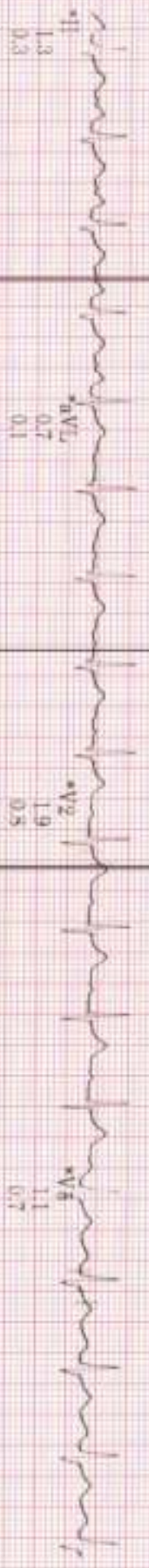
APOLLO CLINIC, BELLANDUR

105bpm
BP: 130/80
ST @ 10mm/mV
80ms post-J

EXERCISE
STAGE 1
2:30

BRUCE
1.7mph
10.0%

Lead
ST(mV)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC55 009C

M BHUJANGA
ID: 000243945

19-Jan-2024
14:33:17

LINKED MEDIANS REPORT

APOLLO CLINIC, BELLANDUR

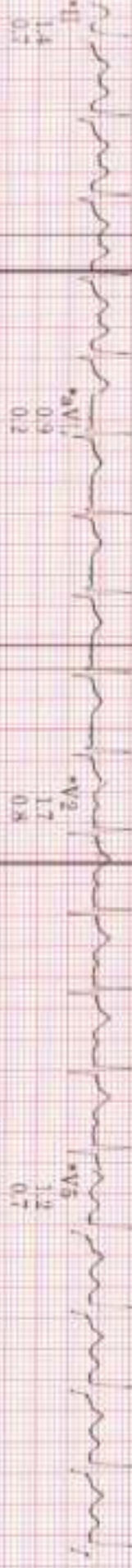
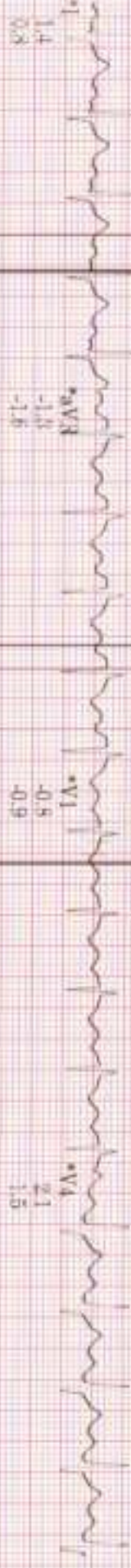
117bpm
BP: 134/98

ST @ 10mm/mV
80ms post

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
20 Hz 25.0 mm/s 10.0 mm/mV
A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009C